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ABSTRACT

The report focuses on the objectives of the Preschool Instruction for the Exceptional (PIE) program, an early intervention program designed to help handicapped children function more effectively and help parents understand their child's special needs. It is explained that the primary goal of PIE is to have each child enter the mainstream of education with increased competency in educational skills and coping behavior. The following five objectives are described and evaluated: (1) identification and diagnosis of preschool handicapped children (ages 3-5 years), (2) continuation of the development of a transdisciplinary team and learning environment that is responsive to each child's needs, (3) development and implementation of personalized programs for prescriptive teaching, (4) involvement of parents of handicapped children in their child's personalized program, and (5) implementation of community outreach to facilitate mainstreaming of the children. Over half of the document consists of appendixes such as the PIE brochure, the PIE Parent Questionnaire, the Coping Questionnaire, and PIE year-end evaluation report. (Author/PHR)

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Northern Valley, Bergen County
New Jersey

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PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL (PIE)

PROJECT REPORT: 1977-78

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GENERAL INFORMATION

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL

Sponsored by:
Northern Valley Administrators Association and
Bergen County Region III Special Education Council

Funds administered by local educational agency:
Northern Valley Regional High School District

Funds granted by:
Branch of Special Education and Pupil Personnel Services, Division of Curriculum and Instruction
Department of Education, Trenton, New Jersey

Source of Funds:
Title VI.B.: Education of Handicapped Act
U.S. Office of Education
Department of Health, Education and Welfare
Washington, D.C.

Serving communities of:
Closter, Demarest, Harrington Park, Haworth, Northvale, Norwood and Old Tappan

Chief School Administrators of Participating Districts:

Mr. William Hanley	Closter
Dr. Seymour Weiss	Demarest
Mr. Ashley Silverman	Harrington Park
Dr. Thomas Butler	Haworth
Mr. John Howarth	Northern Valley Regional High School District
Dr. Joseph Cornell	Northvale
Mr. Frank Pallante	Norwood
Mr. Raymond Albano	Old Tappan

CHILDREN SERVED BY PIE TO DATE

	Total No. Referred	Total No. Tested	No. Referred On	By Towns No. Accepted
Closter	13	12	2	5
Cresskill	2	2*		2
Demarest	12	11*	2	5
Harrington Park	17	16	1	12
Haworth	1	1		1
Northvale	9	5+		
Norwood	7	6		4
Old Tappan	11	10		5

TOTAL 1974-78 - 72

*Two were not totally screened as there was enough material. e.g., one had been evaluated by Demarest and one came to us from Building I, Bergen Pines.

**One was accepted, parents placed child in private nursery program.

+Two Northvale children were referred early in program but withdrawn before they were evaluated.

PIE ADVISORY GROUP 1977-78

1. Mr. John Howarth, Superintendent, Northern Valley Regional High School District; Legal Educational Agency.

2. Mr. Raymond Albano, Superintendent, Old Tappan School District; President, Bergen County Region III Special Education Council.

3. Mr. William Hanley, Superintendent, Closter School District, President, Northern Valley Administrators Association.

4. Mr. Jeffrey Feifer, Principal, Tenakill School, Closter; Principals Advisory Group, Northern Valley Schools.

5. Dr. Edward A. Ciccoricco, Director of Curriculum and Instruction, Northern Valley Schools; PIE Project Director.

6. Mr. Leonard Margolis, Director of Special Education, Region III Bergen County; PIE Project Director.

7. Mrs. Diane Rossouw, Head Teacher, PIE Project.

8. Mrs. Joyce Baldi, School Board Member, Harrington Park District Board of Education.

9. Mrs. Mitzi McEvoy, Teacher (3rd grade), Norwood School District: Member of Instructional Council, Northern Valley Schools.

10. Mrs. Ellen Stein, Community Representative.

11. Mrs. Kerri Autran, President, Special Education PTA, Northeast Bergen County.

12. Three parents of children enrolled in program.

PIE STAFF MEMBERS

Administrators

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Project Director and Director of Curriculum and Instruction, Northern Valley Schools, Bergen County, New Jersey

Mr. Leonard Margolis, B.A., M.A.
Project Director and Direcotr of Special Education Region III, Bergen County, New Jersey

Teaching Staff

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Mrs. June Kirby, B.S.	Assistant Teacher
Mrs. Carmel Alia	Assistant Teacher
Mrs. Rosemarie Bence, B.A., M.S.W.	Social Worker
Mrs. Barbara Mazie, B.A., M.A.	Psychologist Consultant
Mrs. Penny Kaliski, M.Ed.	Speech Therapist and Language Consultant

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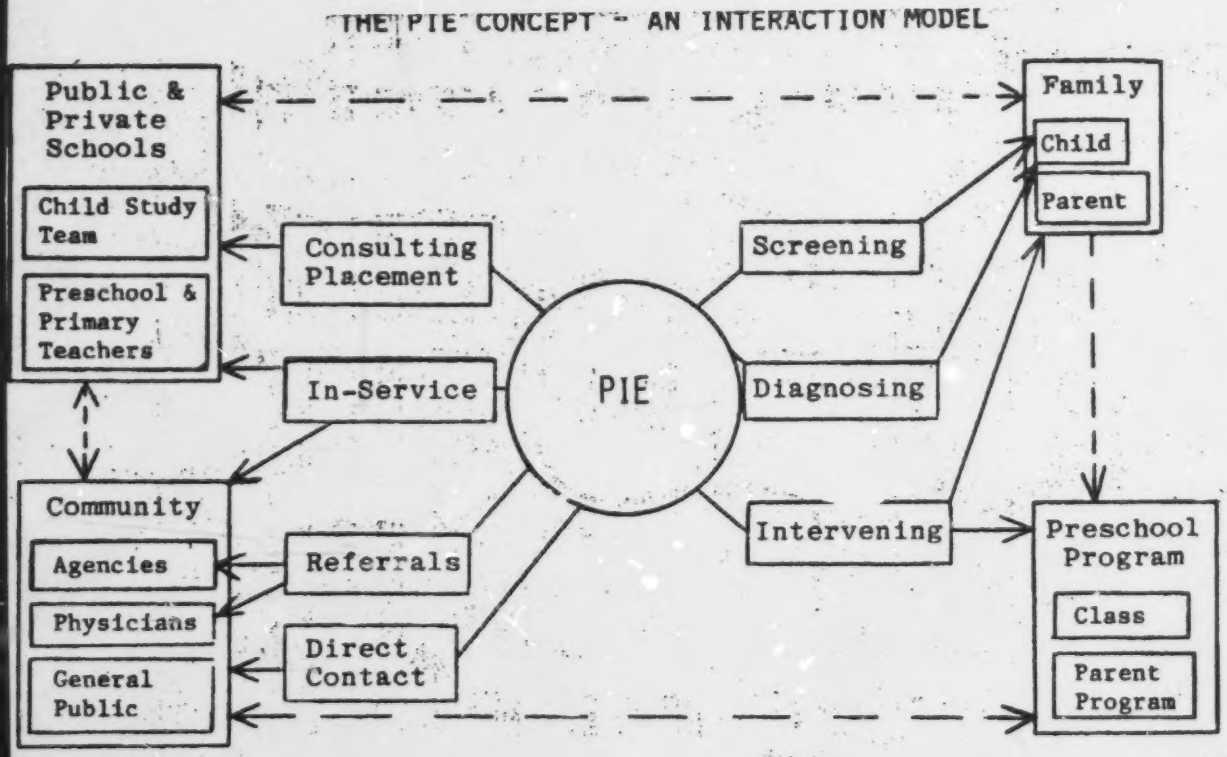

THE PIE CONCEPT - AN INTERACTION MODEL
Public & Private Schools
Child Study Team
Preschool & Primary Teachers
Community
Agencies
Physicians
General Public
Consulting Placement
In-Service
Referrals
Direct Contact
PIE
Screening
Diagnosing
Intervening
Family
Child
Parent
Preschool Program
Class
Parent Program

Figure 1

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL (PIE)

PROJECT REPORT
1977-78

INTRODUCTION

The cumulative experience of the past four years of the PIE Program has demonstrated that early intervention through pre-school programs helps the handicapped child to function more effectively and helps parents to understand their child's special needs.

The concept of PIE, its quality and innovativeness, have been recognized by the awarding of a two year validation grant by the IV C ESEA. (See Figure 1) Validation is the process of reviewing a practice to verify its credibility as an exemplary practice through official or expert appraisal at the project site. The ultimate criteria for the success of the PIE Program is the benefits to the child and the family.

The primary goal of the Project is to have each child enter the mainstream of education with increased competency in educational skills and coping behavior.

Goals for the child:

1. From the point of entry competency, to increase child's ability to cope with self.
2. To increase child's ability to cope with the environment.
3. To increase child's educational skills in language, perceptual and motor skills, socialization, self help and school readiness.

Goals for the parents:

4. To increase parent's ability to cope with child
   a. by increasing understanding of child's special needs.
   b. by increasing parent's ability to cope with own and family needs as a result of impact of having a special child.
   c. by acquiring skills to help increase child's competence.

Goals for the school:

5. Through involvement with PIE
   a. Child Study Teams will place child in least restrictive environment.
   b. School personnel will acquire additional knowledge and skills to plan most effectively for child entering school from PIE Program.

Handicapped three to five year old children are much like their typical counterparts. The nursery school program developed in this project provides a cohesive gooup learning environment for all the children, and at the same time, allows for personalized learning so necessary for each child.

The initial thrust of the program has been early identification and diagnosis of the child with appropriate placement as needed. Each child in the PIE classroom has an Individualized Educational Plan (IEP) based on a model for personalized learning. To continue this effective model program, the following objectives which reflect the basic goals of the project were set:

1. Identification and diagnosis of preschool handicapped children, ages 3-5.
2. Continuation of the development of a trans-* disciplinary team and a learning environment responsive to each child's special needs.
3. Development and implementation of personalized programs for prescriptive teaching.
4. Involvement of parents of handicapped children in their child's Personalized Learning Program.
5. Implementation of community outreach to facilitate mainstreaming of children.

Consistent with the ongoing assessment of all aspects of the program, this fourth year saw increased efficiency of function and coordination with PIE Validation Project.

This was made possible by better record keeping, more effective identification process, more definitive staff role descriptions, increasingly effective parent involvement, and improved project-school communication.

This report describes and evaluates how the five objectives were met and includes recommendations for 1978-79.

OBJECTIVE 1:
IDENTIFICATION AND DIAGNOSIS OF PRESCHOOL HANDICAPPED CHILDREN, AGES 3-5

I. Population Served

This project is directed to the moderately to severely handicapped preschool children who comprise approximately 1% to 3% of the total population. Using this percentage, the target population for the Northern Valley Region would be fifteen to forty-five three to five year olds.

*Transdisciplinary: everyone has knowledge of the child and family.

II. Intake Process

A. Initial Outreach - finding the target population

The description of the project and the intake process were communicated in the following ways.

1. New Brochure (see Appendix)

2. Dissemination of 1976-77 Report to school administrators and other concerned people.

3. Meetings - Project Directors and/or Head Teacher as speaker(s).

   a) Superintendents Association (Northern Valley Administrators Association and Bergen County Region III Council for Special Education)
   b) Principals' Association (Principals Advisory Group)
   c) Child Study Team Chairpersons
   d) Child Development Class, Northern Valley Regional H.S.
   e) Regional School Boards Association (Joint Committee of Northern Valley School Boards).
   f) Northern Valley Regional High School Board.
   g) Special Education Teacher's group
   h) Presentation of PIE Program to conferences

      1) Keane College - Seminar on Pre-School Special Education - Alternative Models for Pre-School Education
      2) Bergen County Pre-School Council

4. Newspaper Advertisement
   a) The Suburbanite
   b) General mailing to all residents in the Northern Valley area of PIE brochure

B. Intake Procedure

1. Upon inquiry, an application is mailed to parents, with request that it be completed and returned to the Program.

2. Completed application is reviewed by the head teacher who then gives it to the social worker.

3. Social worker has initial interview in parent's home using PIE Parents Questionnaire and Social History Form (See Appendix)

4. Social worker verbally relates information to the PIE Child Study Team (C.S.T.). An appointment is made for parent and child visitation and screening during PIE class session.

5. Psycho-educational consultants implement screening procedures with parents and child.

6. Child is observed in the PIE class. If necessary, head teacher and/or consultants observe child in nursery school setting. Nursery School Evaluation form is completed prior to observation. Child Study Team fills out a screening form, which coordinates with PIE Parent Questionnaire. (See Appendix E)

7. If child is not eligible, social worker informs parents and counsels as to alternatives.

   a. Alternatives might include PIE staff developing home program for parents.

   b. PIE staff working with the private nursery school to create a program so that the child may continue in the "mainstream."

8. If child is eligible, an in-depth diagnostic procedure is initiated by head teacher utilizing appropriate specialists to develop a Personalized Learning Plan.

EVALUATION OF INTAKE PROCEDURES

The refined procedures were efficient. They made maximum use of staff and provided the optimum services to child, parent and the community.

C. Number and description of referrals:

Twenty-three children were referred to the Project.

1. Ten children were fully evaluated and accepted into the program. The eleventh child was screened and accepted into the project in late April, but is not included in this report.

The children were classified according to state guidelines as required:

Communication Handicapped	3
Visually Impaired	1
Perceptually Impaired	3
Neurologically Impaired	2
Emotionally Disturbed	1

2. Three children have been screened and will enter the program and be fully evaluated in September. They are classified as follows:

Communication Handicapped	2
Neurologically Impaired	1

3. Two four year olds are eligible and are awaiting screening.

4. Four 2 - 2½ year olds are waiting to be accepted into the program pending funding.

EVALUATION OF NUMBER OF REFERRALS

The number of referrals this year has increased by four children (18 children 1975-76, 23 children 1976-77, 27 children 1977-78.)

The classroom experience of this year continues to indicate twelve children is a maximum number that can be effectively served under the supervision of one head teacher in the preschool instruction component of the project.

Recommendation: The population of the region would indicate that there may be a number of handicapped children age 3-5 who are not identified or served. As the identification phase of the project can serve more children, the outreach effort to the communicy should be sustained and expanded if possible through continued activity in all areas described. It has also been noted this year that there is an increasing number of younger children, ages 1½ - 2½, being identified and requiring immediate services.

OBJECTIVE 2:
CONTINUATION OF THE TRANS-DISCIPLINARY TEAM AND
CREATION OF A LEARNING ENVIRONMENT
RESPONSIVE TO EACH CHILD'S SPECIAL NEEDS

I. Staff Development

A. To create a trans-disciplinary team where each team member, as a resource person, can be used independently and have common goals and objectives for child and parent. The following procedures are considered helpful.

1. Head teacher and assistant teachers observe child informally and write down anecdotal records. After four weeks they apply this information to the coping questionnaire (See Appendix D) and Learning Accomplishment Profile.

2. Psychologist, Speech and Language Consultant and Learning Disabilities teacher do appropriate testing: McCarthy, Leiter, Slosson, Zimmerman, etc.

3. Total staff meets and discusses findings, including information from Social History, observations, parent contacts, standardized tests. Information is analyzed and methods of possible strategies for implementation is discussed.

4. Head teacher, parents and relevant personnel share findings and discuss parent input into the personalized learning plan for the child.

5. Head teacher takes into account all staff and parent input and draws up tentative plan for parent approval.

6. Parent conference to finalize plans.

7. Child Study Team members from child's home district are sent copies of pertinent diagnostic findings and a copy of the learning plan. They are invited to observe the child at the end of the year. The PIE Child Study Team meets with them to discuss recommendations for future placements.

EVALUATION OF PROCEDURE

This modified procedure is most effective.

Recommendation: Parents should become more actively involved in writing the Individual Educational Plan.

B. Staff Inservice Training consisted of attendance at professional meetings, conferences and courses as follows:

1. Workshop - Bergen County Pre-school Council - Topics in Early Childhood Special Education

2. Workshop - Teachers College, Columbia University - on Parent Education

3. Kindergarten-Staff Workshop - Dr. Harry Wachs, "Thinking Goes to School" - Piaget's theory in practice, cognitive thinking and motor movement.

4. Parent-Staff Workshop - Peter Migel, M.D. - Child Development and Learning Disabilities

EVALUATION OF IN-SERVICE TRAINING

1. Successful PIE in-service workshop was held which utilized experts in the field of early childhood education and related professions. It was designed to explain the use of the Personalized Learning Model.

2. Mini-workshops with staff were directed towards working through each child's specific personalized working plan and helped staff to work as an effective integrated team.

Recommendation: Involve assistant teachers in more workshops which emphasize how to work with parents.

II. CREATION OF A LEARNING ENVIRONMENT RESPONSIVE TO THE NEEDS OF THE INDIVIDUAL CHILD

The learning environment, as organized in previous years, was further enriched through purchase of new materials and a reorganization of existing materials to make optimum use of space and materials. The environment was adapted to specifically serve the needs of the current population of children.

The PIE Nursery Program is located at St. Anthony's School, Northvale, N.J. Facility consists of two separate classrooms. It is divided into various learning centers: art, blocks, housekeeping, language arts, manipulatives. The second classroom was redesigned. It was felt that the children needed more structure and physical limitation of space. Therefore, brightly painted pegboard partitions were assembled to demonstrate a gross motor area, two individual work carrels for one-to-one pupil-staff sessions and a music/audio visual area.

The specially selected materials and equipment are used to facilitate the children's growth in the various aspects of development. The basic program is enriched by outings to a swimming pool, county parks and zoo, restaurants and other places of interest.

EVALUATION OF LEARNING ENVIRONMENT

St. Anthony's School provides an adequate facility. The redesign of the second room was extremely effective.

Recommendations: The classroom environment should be maintained and new materials ordered as needed.

OBJECTIVE 3:
DEVELOPMENT AND IMPLEMENTATION
OF PERSONALIZED
PROGRAMS FOR
PRESCRIPTIVE TEACHING

An overall view of the total aspect of the PIE Project can be seen in Figure 2. All these aspects become part of the total plan in working with parent and child.

Personalized Learning Objectives

The model for Personalized Learning, developed by Zeitlin and Nichols and modified specifically for the PIE Project, is being used (See Figure VI.)

210 - Sensory-Motor-Perceptual Development
103 - Language, Communication, Cognition
16 - Social-Emotional Development

65% of the objectives were met totally and 31% partially. Only thirteen objectives were not achieved at all. (See Figure III, which summarizes the total number of objectives for each child and how they were met.)

FIGURE III*

PIE
YEAR-END CHILD PROGRESS EVALUATION SUMMARY SHEET

Child	Classification	No. of Objectives	+	±	-
I	C.H.	53	39	12	2
II	E.D.	12	8	4	0
III	N.I.	57	35	17	5
IV	C.H.	29	24	5	0
V	P.I.	29	23	6	0
VI	N.I.	35	22	11	2
VII	V.I.	25	14	11	0
VIII	C.H.	20	12	7	1
IX	P.I.	26	14	11	1
X	P.I.	42	23	17	2
		328	214	101	13
		100%	65%	31%	4%

*Based on 10 children. One child entered the program late and was not fully evaluated.

Key

C.H. - Communication Handicapped
N.I. - Neurologically Impaired
P.I. - Perceptually Impaired
V.I. - Visually Impaired
E.D. - Emotionally Disturbed

+ - Objective met
± - Objective partially met
- - Objective not met

Method of Evaluation - Informal testing or observation

FIGURE IV

YEAR-END CHILD PROGRESS EVALUATION SUMMARY SHEET

Total No. of Obj.	Child	B.D.	Class.	Sex	Sens.-Motor-Percept. # of Obj.	+	±	-	Lang.-Comm.-Cog. # of Obj.	+	±	-	Social-Emotional # of Obj.	+	±	-
53	I	10/6/72	C.H.	M	13	11	2	0	34	21	11	2	6	6	0	0
12	II	11/12/72	E.D.	M	0	0	0	0	0	0	0	0	12	8	4	0
57	III	12/29/72	N.I.	M	13	13	0	0	39	22	16	1	5	0	1	4
29	IV	3/5/73	C.H.	M	5	5	0	0	24	19	5	0	0	0	0	0
29	V	5/7/73	P.I.	M	8	8	0	0	21	15	6	0	0	0	0	0
35	VI	8/6/73	N.I.	M	18	12	5	1	17	10	6	1	0	0	0	0
25	VII	4/18/74	V.I.	F	25	14	11	0	0	0	0	0	0	0	0	0
20	VIII	11/2/73	C.H.	F	7	2	5	0	13	10	3	1	0	0	0	0
26	IX	1/27/74	P.I.	M	15	10	4	1	11	4	7	0	0	0	0	0
42	X	6/15/73	P.I.	M	15	5	8	2	22	13	9	0	5	2	3	0

Key: + Objective met
± Objective partially met
- Objective not met

Method of Evaluation:
Informal testing or observation

Classification:
V.I. - Visually Impaired
C.H. - Communication Handicapped
P.I. - Perceptually Impaired
N.I. - Neurologically Impaired
E.D. - Emotionally Disturbed

SUMMARY OF EVALUATION OF OBJECTIVES

Total Obj.		Sensory-Motor Perceptual		Language, Comm., Cog.		Social Emotional	
No.	%	No.	%	No.	%	No.	%
328	100%	119	100%	181	100%	28	100%
+210	64%	+ 80	67%	+ 114	63%	+ 16	57%
±103	31%	± 35	29%	± 63	35%	± 5	18%
- 16	5%	- 4	3%	- 5	3%	- 7	25%

Key: + Objective met
± Objective partially met
- Objective not met

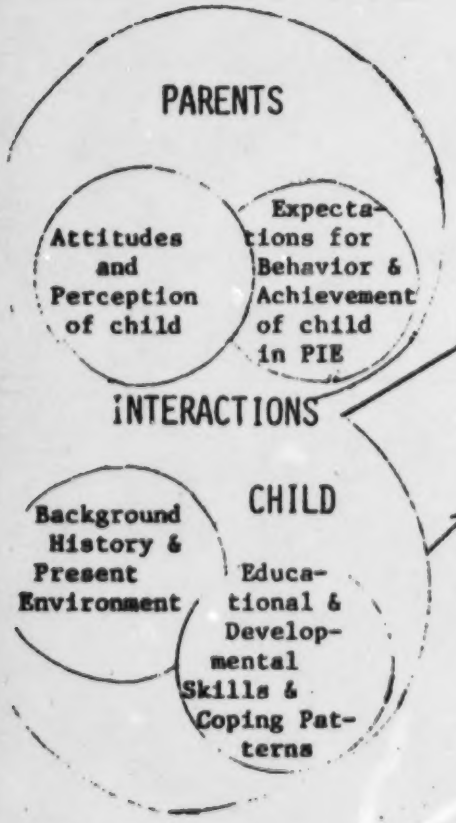
Method of Evaluation:
Informal testing or observation

There were fewer social-emotional objectives set in that they were included in the behavioral strategies for the individual children. It was felt that this was a more effective means of working through the social-emotional skills that the individual child needed. This enabled us to have a more integrated approach.

MODEL FOR PERSONALIZED LEARNING FOR CHILD IN PIE

PIE GOALS (CHILD)

From the point of entry competency, to increase child's
1. ability to cope with self,
2. ability to cope with the environment,
3. educational skills.


PARENTS
Attitudes and Perception of child
Expectations for Behavior & Achievement of child in PIE
INTERACTIONS
CHILD
Background History & Present Environment
Educational & Developmental Skills & Coping Patterns

COLLECT INFORMATION parents-child interactions

COLLECT BASELINE DATA about child

SUMMARIZE & ANALYZE DATA
1. Summarize data -- determine entry competencies
2. Chart educational skills and coping behavior
3. Determine key factors contributing to child's problem
4. Determine what facilitates and what interferes with child's functioning

SET PRIORITIES within goals

Classroom organization and routine
Planning options and resources available

DETERMINE FIRST STEPS to increase educational skills and STRATEGIES to increase coping competency

PLAN AND IMPLEMENT EXPERIENCES & ACTIVITIES within structure of PIE curriculum to facilitate learning

EVALUATE change in entry competencies

Personalized Learning plans for each child's special needs within the context of the total PIE Program

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PRE AND POST TESTING

The children were administered three types of standardized tests at the beginning of the school year. The LAP (Learning Accomplishment Profile) was found to be a useful tool. However, it must be recognized that it was normed on a handicapped population and that the self-help and social skills are merely "skills" and do not measure how effectively the child is able to use them in terms of coping with himself and the environment.

The McCarthy and Zimmerman were also used.

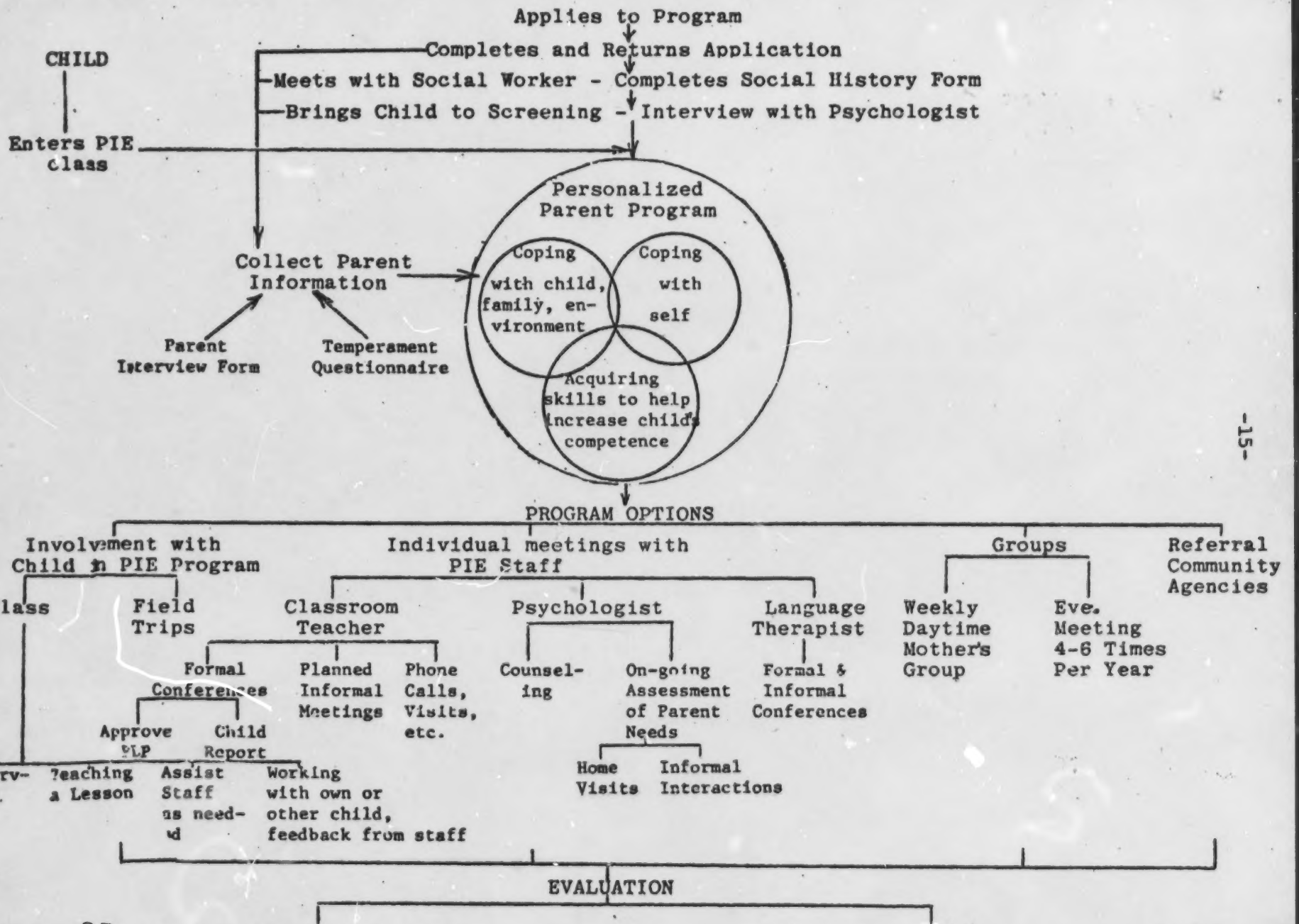
The Zeitlin Revised Model for Personalized Learning continued to be used as the basis for creating individualized educational plans for handicapped children. It is felt that by the nature of their handicapping condition these pre-school children tend to be more vulnerable than their peer groups. By analyzing the way in which they cope with themselves and their environment, it is possible to utilize each child's strengths to help him/her cope more effectively, thereby allowing them to become more available to the learning situation.

OBJECTIVE 4:

Involvement of Parents of Handicapped Children in Their Child's Personalized Learning Program.

An extensive Parent Involvement Program was developed by means of the following forms of communication and interaction:

1. PIE Pieces (Newsletter - twice a year)
2. Telephone calls
3. Monday and Wednesday afternoons were set up by Head Teacher for parents to drop in and talk.
4. Individual conferences with parents at school or at home.
5. Parents' attendance at professional conferences and workshops.
6. Classroom observations.
7. Group interaction sessions once a week with PIE psychologist.
8. Evening Parent-Staff Meetings.


Applies to Program
Completes and Returns Application
Meets with Social Worker - Completes Social History Form
Brings Child to Screening - Interview with Psychologist
CHILD
Enters PIE class
Personalized Parent Program
Coping with child, family, environment
Coping with self
Acquiring skills to help increase child's competence
Collect Parent Information
Parent Interview Form
Temperament Questionnaire
PROGRAM OPTIONS
Involvement with Child in PIE Program
Class
Observing
Teaching a Lesson
Field Trips
Assist Staff as needed
Working with own or other child, feedback from staff
Individual meetings with PIE Staff
Classroom Teacher
Formal Conferences
Approve PLP
Child Report
Planned Informal Meetings
Phone Calls, Visits, etc.
Psychologist
Counseling
On-going Assessment of Parent Needs
Home Visits
Informal Interactions
Language Therapist
Formal & Informal Conferences
Groups
Weekly Daytime Mother's Group
Eve. Meeting 4-6 Times Per Year
Referral Community Agencies
EVALUATION
Parent Evaluation of Program

9. A looseleaf book with pertinent program information and additional material such as articles, exercises, etc. were added to during the course of the year.

10. Informal notes from head teacher and speech pathologist.

11. Lending Library of toys and other educational material used with children, and creation of a Parents' Resource Library.

EVALUATION OF PARENT INVOLVEMENT

Parent involvement was assessed through use of a questionnaire (See Appendix I). Eighteen out of a possible 22 parents (fathers and mothers) responded. In response to the question, "My child benefitted from the total program," 89% responded very much, 11% responded much.

In response to their child's general overall speech and language improvement, 45% felt it had improved very much. 34% felt it had improved much, 5% felt it improved a little, 16% had not considered this an area of weakness for their particular child.

In response to a question concerning their child's overall general coordination, 56% felt their child had improved much, 34% felt very much, 5% felt a little improvement noted and 5% felt this was not previously a problem.

In terms of seeing improvement in their child's ability to cope with themselves and the environment, 54% felt it had improved much; 46% felt it had improved very much.

In terms of the parents' ability to cope better with their child, 56% said very much, 34% said much, 5% didn't respond and 5% said previously it was not a problem.

In terms of understanding their child's special needs, 34% said very much, 5% said a little, 5% didn't respond, and 56% said much.

In terms of parent's coping better with their own needs, 54% said much better, 39% said very much better, 5% said a little, 5% did not respond, 5% said it was not previously a problem.

In terms of acquiring skills to help their child to become more competent, 46% said very much, 5% did not respond, 39% said much, 10% said a little.

EVALUATION OF PARENT INVOLVEMENT

Parents evaluation generally indicated satisfaction with the program. The entire staff informally evaluated the parents program as very effective.

Recommendation: The entire program be continued as described.

OBJECTIVE 5:

IMPLEMENTATION OF COMMUNITY OUTREACH TO FACILITATE MAINSTREAMING OF THE CHILDREN

The PIE Program is a first step on the education ladder. To continue their progress, children's needs must be recognized and responded to in subsequent educational experiences. To this end, outreach was implemented in the following ways:

Advisory Group - The advisory council of 15 members discussed overall purpose and direction of the project.

Media Development

Three slide tape presentations have been developed to explain (1) the goals of the PIE Program, (2) the development and implementation of individual Personalized Learning Plans, and (3) the coping concept, which is central to the development of the Personalized Learning Plan.

Video tapes have been developed to illustrate (1) a typical day, (2) long range growth experienced by individual children during involvement in the PIE Program, and (3) specific strategies implemented in the classroom.

Press Releases - Articles regarding the program appeared in several local newspapers.

Volunteers - Six volunteers, mostly community members, (including senior citizens, university and high school students, people with professional training) worked with the children on a regular basis during the school year.

Visits to the program (totalling over 96) were made by representatives of the following groups:

1. Intern - Learning Disabilities Teacher Consultant, Montclair State College.
2. Speech Pathologists
3. Social Workers from public and private school programs.
4. Representative from New Jersey Commission for the Blind.
5. Bergen County Special Services School Districts - teachers, speech pathologists, aides, etc.
6. Professor, Montclair State College.

7. School vice principal, Victoria, Australia
8. Director of Special Education, Region II.
9. Staff of Early Childhood Learning Center.
10. Personnel from Child Study Center, Ridgefield Park, N.J.
11. Region VII Special Education personnel.
12. Pascack Valley Council for Special Education personnel.
13. Early childhood private school directors.
14. Special education teachers.
15. Local child study teams.
16. Nursery school teachers.
17. High school and university students.
18. Parents, grandparents and other relatives.
19. Siblings and other elementary school children involved in project work.
20. N. J. State Dept. of Education personnel.
21. Older handicapped children.

Meetings with each child's home district Child Study Team Chairperson were held twice during the year initially to develop a Personalized Learning Program and subsequently to discuss child's progress and possible placement for next year. Proposed placement for the five children leaving the program are as follows:

4 children - regular kindergarten
1 child - Region's Multiply Handicapped Class

To broaden the scope of outreach, PIE has established consultant-type services to the local nursery schools. This is to help those children who need minimal support to remain in the "mainstream". This involves developing a Personalized Learning Plan to be shared with the nursery teacher after the child has been screened by PIE.

EVALUATION OF OUTREACH

All aspects of community outreach seem to be effective.

Recommendation: The outreach program continue as described.

FOLLOW-UP OF CHILDREN SUBSEQUENT TO THEIR LEAVING THE PIE PROGRAM

To date, 26 children have graduated from the program. The following is a summary of their placement.

13 children - regular kindergarten
6 children - Multiply Handicapped class
1 child - Special school, trainably mentally retarded
1 child - regular nursery school
2 children - moved out of state. Placement unknown.

Feedback on children indicated satisfaction with the appropriateness of the placement. One child placed in a regular kindergarten was moved to a multiply handicapped class.

For those children graduated from the program this year, the head teacher will be in touch with their respective teachers within the first month of the next school year. The program will continue to offer consultant services for those requesting it. The psychologist will continue to counsel those parents who will need help in making the transitions to the new program. The social worker will maintain contact with the Child Study Team that is responsible for continuation of services to the placed child. A form is being developed to keep appropriate data for each graduate student and will be used for continuing evaluation of the child.

CONCLUSION

All of the objectives of the program have been met. The staff was able to implement the philosophy that handicapped preschool children are much like their typical counterparts and that a nursery school program as developed in the PIE project is an effective learning environment for these children.

It is recommended that the program continue in essentially the same format for next year with the recommendations indicated.

A P P E N D I C E S

DOES YOUR CHILD NEED

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL?

WHO ARE WE?

PIE means Preschool Instruction for the Exceptional (children 3-5). Our goal is to help these very special children grow!

WHO IS EXCEPTIONAL?

Some children may have more than the usual amount of problems learning to sit, crawl, stand, walk and talk. If your child or a child you know has had a complicated birth, birth defect, or severe illness or:

-has problems talking or making his/her needs known

-has difficulty understanding or following directions

-has difficulty playing with other children

-has difficulty seeing or hearing

-has poor coordination; for example, walks through things instead of around them.

-is unusually active - can't seem to concentrate for short periods of time, even on his/her favorite TV program.

-is unusually quiet, lethargic, disinterested in the world around him/her

-doesn't seem to be "fitting in" to a regular nursery school program

...please contact us, so we can be of help to you.

WHAT SERVICES DO WE OFFER?

1. Informally working with your child to determine whether or not your child will benefit from our program or suggesting other alternatives.

2. A nursery type program which develops your child's strengths as well as works with his/her special needs.

3. Parent discussion group and information meetings involving guest speakers.

WHO IS ELIGIBLE FOR THESE SERVICES?

Any child, age 3-5, who resides in the towns of:

Closter
Demarest
Harrington Park
Northvale
Norwood
Old Tappan

WHEN IS THE PROGRAM IN SESSION?

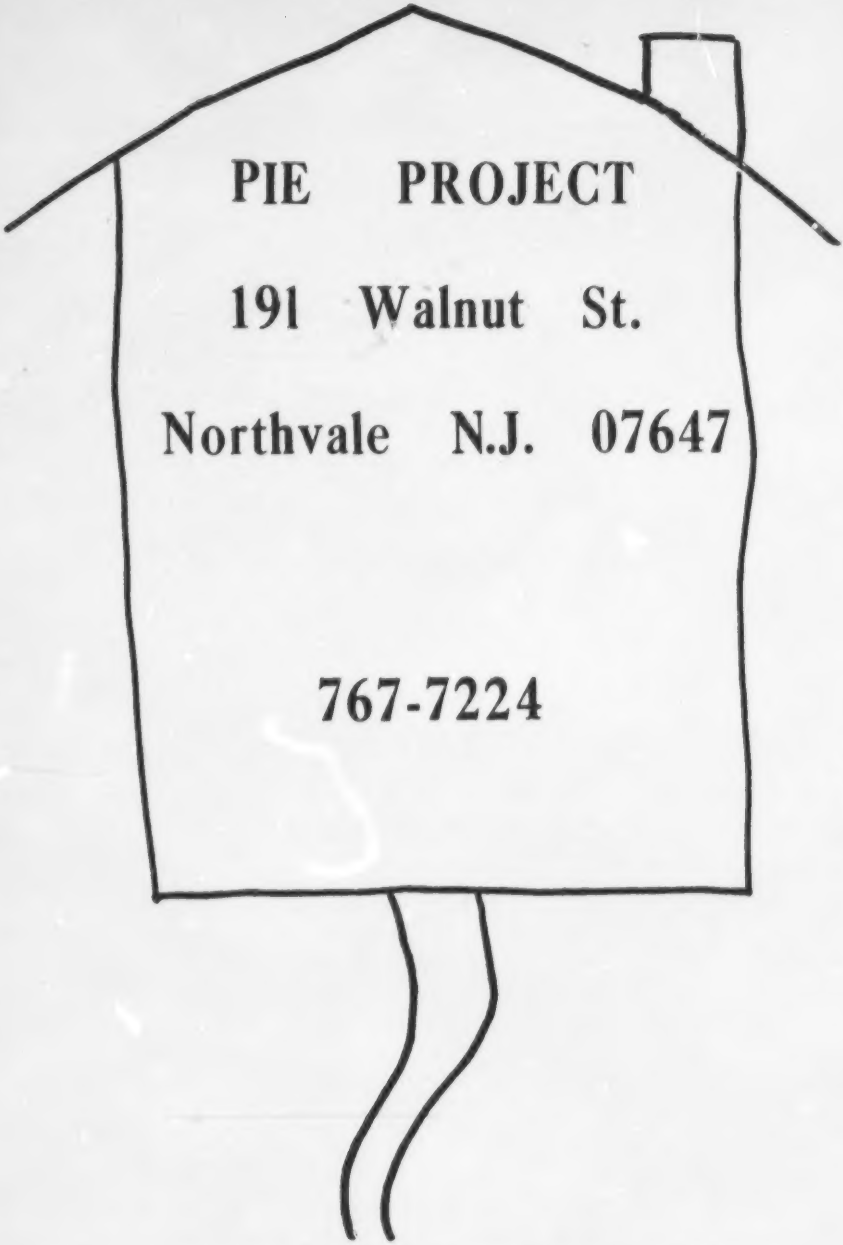
The PIE class meets from 9:00 to 12:00 Monday through Friday.

WHERE ARE WE LOCATED?

Paris Ave. and Walnut St.
Northvale, N.J. 07647

WHAT ARE THE COSTS TO PARENTS?

NONE - The Program is supported through a combination of local and federal funds. Bus transportation is provided for the children.



Contact Person: Diane Rossouw, Head Teacher

APPENDIX A

Northern Valley Regional High School District

John J. Howarth, Superintendent of Schools

DIRECTORS

Dr. Edward A. Ciccoricco Director of Curriculum and Instruction Northern Valley Schools	Mr. Leonard Margolis Director of Special Education Bergen County Region III

The PIE Project is funded by:

U.S. Office of Education, Bureau
of Education for the Handicapped,
(PL 94-142, Part B)
Washington, D.C.

through the

Branch of Special Education and
Pupil Personnel Services, Division
of Curriculum and Instruction
State of New Jersey
Department of Education
Trenton, New Jersey

to the

Northern Valley Regional
High School District
(Local Educational Agency)
Bergen County, Closter, New Jersey

and Local Funding

Credits: PIE Emblem designed by Holly Ciccoricco
Layout by Eileen Trapani

APPENDIX B

PIE VALIDATION PROJECT
191 Walnut Street
Northvale, New Jersey 07647
Tel. 201-768-3059

Person Interviewed:_____ Date of Interview:_____

Relation to Child:_____ Form completed by:_____

_____

SOCIAL HISTORY

Please complete and use back of page when more space is needed for answer.

Child's Name:_____ Birthday:_____

Address:_____ Age:_____ Sex:_____

_____ Telephone:_____

Mother's Name:_____ Age:_____

Education:_____ Occupation:_____

Father's Name:_____ Age:_____

Education:_____ Occupation:_____

Siblings

Name:_____ Birthdate:_____ Grade in School:_____

Name:_____ Birthdate:_____ Grade:_____

Others residing in home:_____

Languages spoken in home:_____

Presenting Problem: Reason for referral, how referred, parent's description of problem, age problem identified.

July, 1978

Rosemarie Bence, M.S.S.W
Shirley Zeitlin, Ed.D.

APPENDIX B

I. SOCIAL HISTORY

1. Birth History

a. Prenatal - any problems

b. Delivery - birth weight _____

any problems

c. Temperament - describe

Has it remained consistent?

How does child react to stimulation, i.e., loud noises, a lot of activity, etc.?

2. Health History

a. General state of health -

b. Serious illnesses, convulsions, high fevers, accidents, head injuries -

c. Hospitalizations - reactions to experiences -

d. Allergies -

e. Sleep/Eating Patterns -

f. Vision - Hearing -

g. Handedness - Child _____

Mother _____

Father _____

Siblings _____

II. DEVELOPMENTATL HISTORY

1. Age walked unaided _____

2. Age spoke first words beyond mama, dada _____

3. Age spoke first phrases and/or sentences _____

4. Age toilet trained _____ Any problems?

5. Is enuresis a problem?

APPENDIX B

6. Age mastered tricycle or bicycle _____
7. Age started using pencil or crayon for more than scribbling _____
8. Other significant events or experiences -

III. SCHOOL HISTORY

1. Did child attend nursery or child care center? _____
   At what age?_____
2. How did child separate from mother or guardian?
3. How did/does child relate to classmates?
4. How did child feel about experience?
5. How did the parent feel about the experience?
6. If child has had more than one school experience, what were the differences?

IV. FAMILY AND NEIGHBORHOOD

1. a. How does child relate to siblings?
   b. How did child react to birth of younger siblings?
2. a. How does child relate to other children?
   b. Does child have children to play with in neighborhood?
   c. Does child choose older, younger, same age playmates?
   d. Is child leader or follower?

APPENDIX B

3. Interests - What activities does child prefer?

4. Does child have any unusual fears?

5. How much time does child spend watching TV?

6. What forms of discipline does child respond to?

7. a. How does child behave when angry?

   b. How does child behave when satisfied?

   c. How do parents react to above behaviors?

   d. How is child rewarded?

8. a. Any learning or physical difficulties in any maternal relatives

   b. Paternal relatives?

   c. Siblings?

9. What are parents' <u>expectation</u> for child in PIE?

APPENDIX B

10. Is there a set daily routine?
    a. Meals -

    b. Sleep -

    c. Other activities -

11. Are limits set for the child (i.e., is child told what he/she can or can't do)?_____If so, how?

12. Do you have opportunity to spend time away from your child?

13. How does the family introduce new experiences to the child?

    How does the child react?

14. If more than one child is in the family, do you react to or treat this child differently than others in family?

15. What behavior of the child is most satisfying to you?

16. What behavior of your child is most upsetting to you?

17. At the time this history was taken, child has been seen_____.
    child has not been seen _____.

18. How would you describe your child's attention span?

APPENDIX B

V. How do parents seem to feel about child (initial impressions)? (Check all relevant.)

____hyper	____rejecting	____depressed
____accepting	____ambivalent	____distant
____hostile	____enjoying	____overdemanding
____caring	____close	____no expectations
____frustrated		____overwhelmed

____other (specify)_____

VI. Parents' initial attitude toward program -

ADDITIONAL OBSERVATIONS AND COMMENTS:

APPENDIX C

P.I.E. PARENT QUESTIONNAIRE

Date Completed_____

Child's Name_____ Telephone:_____

Address:_____ Age:_____yrs._____mos.

_____ Completed by:_____

Circle the letter that best describes your child.

1. Describe your child's general motor coordination.

   a. Very awkward. b. Somewhat awkward c. Adequate d. Good

2. Is there anything particularly noticeable about how your child walks?

   1. Awkward, clumsy b. Falls frequently c. Toes in or toes out. d. Nothing unusual.

3. How well does your child ride a tricycle?

   a. Poor b. Fair c. Good d. Excellent

4. Describe how your child gets up and down stairs.

   a. Alternates feet going up and down stairs b. Alternates feet going upstairs only. c. Goes up and down stairs with both feet on each step. d. No opportunity to use stairs.

5. How does your child play with a ball?

   a. Bounces ball. b. Can make anticipatory movements to catch a ball. c. Can catch a ball thrown directly to him/her. d. Can throw a ball with reasonable aim.

6. How well does your child button and unbutton?

   a. Buttons and unbuttons easily. b. Can button with effort. c. Unbuttons only. d. Cannot button or unbutton.

September 1977

S. Zeitlin
R. Bence

APPENDIX C

7. How well does your child zipper and unzipper?

a. Zippers and unzippers easily.
b. Can zipper with assistance.
c. Unzippers only.
d. Cannot zipper or unzipper.

8. What kinds of things does your child draw?

a. Drawings that depict a story.
b. Definite shapes and objects.
c. Scribbles
d. Not interested in drawing yet.

9. How well does your child cut with scissors?

a. Can cut smoothly.
b. Cutting is choppy.
c. Slashes only.
d. Cannot cut.

10. What parts of the body does your child know?

___head	___tongue	___ears	___toes	___elbow
___eyes	___lips	___leg	___arm	___neck
___nose	___eyebrows	___knee	___hand	___stomach
___mouth	___cheeks	___ankle	___finger	___shoulder
___eyelashes	___throat	___foot	___thumb	

11. How does your child count?

a. Can count up to 10 objects.
b. Can count objects to two or three.
c. Can count by rote with no one-to-one correspondence or number.
d. Names only a few numbers in random order.

12. What colors can your child name?

a. None
b. A few, e.g., red, blue
c. All basic colors; red, blue, green, yellow.
d. All the basic colors plus a few more, e.g., pink, white, black.

13. What shapes does your child know?

a. Circle
b. square
c. triangle
d. rectangle

APPENDIX C

14. Below is a list of adjectives which can describe a child's personality and behavior. Please circle those which might describe your child.

a. sad	e. leader	i. happy	m. follower
b. moody	f. quiet	j. even tempered	n. unable to attend
c. friendly	g. independent	k. loner	
d. Hard to discipline	h. affectionate	l. fearful	o. dependent

15. What things upset yorr child?

a. Disapproval by others.	b. Not getting his/her own way.	c. Unsuccessful attempts when trying to do something.	d. Strange situations, animals or people.

16. How easy is your child to manage at home?

a. Very easy.	b. Often stubborn	c. Needs much attention and time.	d. Very difficult

17. How well does your child accept limits.

a. Almost always tests limits and routines.	b. Tests limits fairly often.	c. Usually conforms to limits and routines.	d. Understands rules and obeys intelligently.

18. How well does your child accept limits?

a. Is very flexible.	b. May be occasionally upset by change in routine.	c. Becomes anxious about deviations from schedule.	d. Very rigid in need for routine.

19. What forms of punishment does your child respond to:

a. Talking things over.
b. Scolding or raised voices.
c. Isolation - sitting in chair or going to room.
d. Denial of favorite things.
e. Spanking.

APPENDIX C

20. How does your child act when you have to leave him?

a. Adjusts well. b. Fine, with some reassurance. c. Reluctant, cries some of the time. d. Very upset, hard to calm down.

21. How well does your child adjust to new activities and situations?

a. Fearful, withdrwwn b. Shy; takes time to get involved. c. Seems eager to get involved. d. Outgoing and adaptable.

22. How well does your child respond to strangers?

a. Very outgoing b. Usually friendly. c. Cautious. d. Very fearful.

23. How does your child get along with other children?

a. Rejects advances of other children. b. Fights, wants things his way. c. Accepts advances of other children, wants to be invited to play. d. Initiates play with other children.

24. How well is your child able to share with others?

a. Never shares b. Rarely willing to share. c. Usually willing to share if has enough. d. Is inventive in solving problems related to sharing or play material.

25. How often does your child look for affection?

a. Doesn't like to be touched. b. Constantly clings. c. Will occasionally give and accept affection. d. Is inventive in solving problems related to sharing or play material.

26. How does your child get along with brothers and sisters?

a. Usually get along well together. b. Occasionally fight or tease. c. Often irritate and tease one another. d. Constantly fighting when together.

APPENDIX C

27. Which parent does your child relate to best?

a. Usually identifies with father.
b. Relates equally to both parents.
c. Usually identifies with mother.

28. Describe your child's use of language.

a. Speaks little or not at all.
b. Uses gestures in place of language for communication.
c. Answers direct questions or makes requests only.
d. Initiates conversation and uses speech socially.

29. How well does your child pronounce words?

a. Can hardly be understood.
b. I understand when child speaks slowly; has trouble with many sounds.
c. I can always understand child; has trouble with a few sounds.
d. Pronunciation very good, everyone understands child easily.

30. Does your child use sentences?

a. Uses 5 words and more in a sentence. Can carry on normal conversation.
b. Uses more than 2 word sentences some of the time.
c. Usually 2 word combinations- "me go", etc.
d. Not yet.

31. How well can your child find things that you name?

a. Rarely understands what I mean.
b. Can point to a few objects when I name them.
c. Finds almost anything I name in the house.
d. Will ask when words are unfamiliar.

32. Does your child follow directions?

a. Rarely.
b. Will follow one simple command.
c. Follows two or three simple directions in a row.
d. Remembers longer sets of instructions and will carry them out.

APPENDIX C

33. Describe your child's understanding of language.

a. Almost always understands when spoken to.

b. May have some trouble understanding if not spoken to carefully and directly or with simplified language.

c. Often has difficulty understanding what is said to him.

d. Rarely understands what is said.

34. Indicate the kinds of pretend and make-believe games your child generally plays.

a. Monsters, ghosts.
b. Animals
c. Storybook characters, e.g., kings, superman, princess
d. Make-believe friend
e. Real life people, e.g., fireman, athletes, nurse
f. Re-enact real life situations, e.g., house, school

35. Indicate the kinds of things your child generally plays with:

a. Books, puzzles, blocks
b. Paper, pencils, crayons
c. Scissors, paste, glue
d. Trucks, cars, trains
e. Tinker toys, Lego, building blocks
f. Dolls, dishes, dress-up
g. Ball, jumprope, bike, swing
h. Mud, water, sand, play dough
i. Table games, e.g., Candy Land

36. What does your child do when playing alone?

a. Never plays alone

b. Plays alone for brief periods of time

c. Prefers to play alone, rather than with children or adults.

d. Prefers adult company and reinforcement.

37. How does your child take care of his toys?

a. Willfully destroys toys

b. Carelessly destroys toys

c. Takes toys apart, unable to put back together

d. Takes reasonably good care of toys

APPENDIX C

38. How does your child begin an activity?

a.	b.	c.	d.
Involves self in a variety of constructive activities	Occasionally needs help at initiation; accepts it readily.	Rarely initiates activities	Has difficulty or unwilling to start activity.

39. Describe your child's ability to become involved in activities.

a.	b.	c.	d.
Can stay with a chosen activity for very long periods, even returning the next day.	Can usually remain with task he likes until it is finished.	Usually needs encouragement to stay with task until complete.	Rarely finishes task, moves rapidly from one to another.

40. How long would your child stay with an activity such as puzzles, clocks, pic ure books?

a.	b.	c.	d.
Less than 5 minutes.	About 5 to 10 minutes.	At least 15 minutes.	At least 1/2 hour.

41. Describe child's interest in the environment.

a.	b.	c.	d.
Shows little or no interest in anything new.	Can be intrigued by really exciting things but often uninterested.	Actively explores any new things in the room.	Interested in new ideas, words, and relationships as well as things.

42. How does your child approach new tasks:

a.	b.	c.	d.
Realistically evaluates own strengths and weaknesses.	Sometimes reluctant to try new things.	May sometimes refuse to try something child can do.	Unwilling to try new tasks.

43. How does your child approach problems?

a.	b.	c.	d.
Is inventive in solving practical problems.	Usually tries hard to solve problems.	Sometimes will try to solve problems on his own.	Rarely seeks to solve problems.

APPENDIX C

44. How does child persist with task?

a.	b.	c.	d.
Persists until convinced of failure.	Gives everything a fair trial.	Gives up before adequate trial	Melts before slight objections or obstacles.

45. How does child react to frustration?

a.	b.	c.	d.
Easily irritated, explosive, or resorts to tears.	Impatient, fretful.	Tolerant, rarely blows up.	Very submissive, long suffering.

46. How well can your child take care of toileting?

a.	b.	c.	d.
Not yet trained.	Wets occasionally.	Needs assistance, asks to go.	Independent.

47. How well can your child dress and undress himself/herself?

a.	b.	c.	d.
Completely except may need help tying, buttoning, zippering.	Is able to assist in dressing.	Can undress only.	Cannot dress or undress.

48. How well does your child manage eating?

a.	b.	c.	d.
Is independent except may need help with cutting.	Uses fork.	Uses spoon only.	Finger food.

49. How well does your child manage drinking?

a.	b.	c.	d.
Can drink from cup or glass with assistance.	Needs no assistance.	Is able to pour for self.	Is able to use straw.

50. How well can your child wash own face and hands?

a.	b.	c.	d.
Needs help to wash hands and face.	Dries hands only.	Washes hands unassisted.	Washes hands and face without assistance.

APPENDIX C

51. How well is your child able to brush own teeth?

a. Unwilling to brush. b. Needs total assistance. c. Needs super- vision. d. Independent

52. What is child's energy level?

a. Shows quick exhaustion. b. Occasionally shows fatigue. c. Rarely shows fatigue. d. Unusually vigorous, never "runs down".

53. How does your child respond to new situations?

a. Very quickly. b. With relative ease. c. Plodding. d. Extremely slow.

55. Does your child act impulsively or cautiously?

a. Highly cautious, hesitant. b. b. Acts with reason- able care. c. Frequently impulsive. d. Very impulsive

56. Is your child emotionally calm or excitable?

a. Is easily aroused-- hysterical. b. Responds moderately. c. Little emotional response, listless, apathetic.

57. Is your child even tempered or moody?

a. Extreme mood swings. b. Responds as conditions warrant. c. Little emotional range.

58. Is your child usually depressed or cheerful?

a. Tends to extremes of silliness, euphoria.
b. Cheerful, animated, "bubbly".
c. Usually in good humor.
d. Generally dispirited.
e. Dejected, melancholic, depressed.

APPENDIX C

59. What is your child's usual emotional response?

a. Very affectionate.	b. Ordinarily friendly and cordial.	c. Withholding, cold, unspontaneous.	d. Hostile, aggravating.

60. Is your child a worrier?

a. Easy-going.	b. Does not worry without cause.	c. Apprehensive, often worries unduly.	d. Constantly worries about something.

COMMENTS:

APPENDIX D

PIE SCREENING
CHILD STUDY TEAM QUESTIONNAIRE

Date Completed_____

Child's Name_____ Telephone:_____

Address:_____ Age:_____yrs._____months

_____ Completed by:_____

Circle the letter that best describes the child.

1. Describe the child's general motor coordination.

   a. Very awkward. b. Somewhat awkward. c. Adequate. d. Good

2. Is there anything particularly noticeable about the child's walk?

   a. Awkward, clumsy. b. Falls frequently c. Toes in or toes out. d. Nothing unusual

5. How does the child play with a ball?

   a. Bounces ball. b. Can make anticipatory movements to catch a ball. c. Can catch a ball thrown directly to him/her. d. Can throw a ball with reasonable aim.

7. How well does the child zipper and unzipper?

   a. Zippers and unzippers easily b. Can zipper with assistance c. Unzippers only. d. Cannot zipper or unzipper.

8 What kinds of things does the child draw?

   a. Drawings that depict a story. b. Definite shapes and objects. c. Scribbles d. Not interested in drawing yet.

   Example:

9. How well does the child cut with scissors?

   a. Can cut smoothly. b. Cutting is choppy. c. Slashes only. d. Cannot cut.

   Example:

May, 1978

D. Rossouw
S. Zeitlin

10. What parts of the body does the child know?

___head	___tongue	___ears	___toes	___elbow
___eyes	___lips	___legs	___arm	___neck
___nose	___eyebrows	___knee	___hand	___stomach
___mouth	___cheeks	___ankle	___finger	___shoulder
___eyelashes	___throat	___foot	___thumb	

11. How does the child count?

a. Can count up to 10 objects.
b. Can count objects to two or three
c. Can count by rote with no one-to-one correspondence or number.
d. Names only a few numbers in random order.

12. What colors does the child name?

a. None.
b. A few, e.g., red, blue.
c. All basic colors: red, blue, green, yellow.
d. All the basic colors plus a few more, e.g. pink, white, black.

13. What shapes does the child know?

a. Circle b. Square. c. Triangle d. Rectangle.

20. How does the child separate when his mother leaves him?

a. Adjusts well.
b. Fine, with some reassurance.
c. Reluctant, cries some of the time.
d. Very upset, hard to calm down

21. How well does the child adjust to new activities and situations?

a. Fearful, withdrawn
b. Shy; takes time to get involved.
c. Seems eager to get involved.
d. Outgoing and adaptable

22. How well does the child respond to you?

a. Very outgoing
b. Usually friendly
c. Cautious
d. Very fearful.

28. Describe the child's use of language.

a. Speaks little or not at all.
b. Uses gestures in place of language for communication.
c. Answers direct questions or makes requests only.
d. Initiates conversation and uses speech socially.

APPENDIX D

29. How well does the child pronounce words?

a.	b.	c.	d.
Can hardly be understood.	Understandable when speaking slowly; has trouble with many sounds.	Can always be understood, has trouble with a few sounds.	Pronunciation very good, everyone understands child easily.

30. Does the child use sentences?

a.	b.	c.	d.
Uses five words and more in a sentence.	Uses more than two word sentences some of the time.	Usually two word combinations: "me go", etc.	Not yet.

31. How well can the child find things that you name?

a.	b.	c.	d.
Rarely understands what I mean.	Can point to a few objects when I name them.	Finds almost anything I name in the house.	Will ask when words are unfamiliar.

32. Does the child follow directions?

a.	b.	c.	d.
Rarely	Will follow one simple command.	Follows two or three simple directions in a row.	Remembers longer sets of instructions and will carry them out.

41. Describe the child's interest in the environment.

a.	b.	c.	d.
Shows little or no interest in anything new.	Can be intrigued by really exciting things but often uninterested.	Actively explores any new things in the room.	Interested in new ideas, words and relationships as well as things.

44. How does the child persist with tasks?

a.	b.	c.	d.
Persists until convinced of failure.	Gives everything a fair trial.	Gives up before adequate trial.	Melts before slight objections or obstacles.

52. What is child's energy level?

a.	b.	c.	d.
Shows quick exhaustion.	Occasionally shows fatigue.	Rarely shows fatigue.	Unusually vigorous, never "runs" down."

APPENDIX E

PRESCHOOL INSTRUCTION

FOR THE EXCEPTIONAL

Administrative Offices
Northern Valley Regional High School District
Closter Plaza
Closter, New Jersey 07631
Telephone: 768-3541

APPENDIX E

Nursery School Questionnaire

Nursery School:

Telephone Number:

Teacher's Name:

Child's Name:

Age:

Reason for Referral:

I. Gross Motor Coordination

1. Rate general gross motor coordination.

   a. very awkward b. somewhat awkward c. acceptable body movements. d. good

2. Can child imitate gross body movements?

3. If below average, please describe.

II. Fine Motor Coordination

1. What is level of child's drawing?

   a. definite shapes or pictures b. scribbles c. not interested

2. How well does child handle scissors?

   a. follows lines b. cuts indiscriminately c. cannot use scissors

3. What is level of child's play with small manipulative materials (beads, puzzles, pegs, etc.)?

   a. handles tasks well b. some difficulty c. great difficulty

   d. no interest

If below average, please describe.

APPENDIX E

III. Cognitive

1. Does child know most body parts?

2. Does child have number concepts?

   a. 1 - 3 b. 1-10

3. Does child know basic colors?

4. Does child know basic shapes?

5. Does child know concepts such as under/over, front/back, big/little?

IV. Speech and Language

1. Describe level of language use.

   a. speaks little or not at all b. answers direct questions or makes direct requests only. c. initiates conversation and uses speech socially

2. What is level of child's receptive functioning?

   a. Can he/she follow directions?

   b. Does he/she seem to understand you

      (1) none of the time (2) some of the time (3) all of the time

3. What is level of child's expressive language?

   a. Can he/she name most common objects?

   b. Does child use sentences?

      (1) Only uses phrases (2) Uses simple sentences. (3) Uses complex sentences.

4. How clear is child's speech?

   (1) unintelligible (2) sometimes difficult to understand (3) completely intelligible

5. If there is any concern in the area of speech and language, please describe:

APPENDIX E

V. Social and Emotional

1. Rate child's attention span:

(a) very short (b) average (c) above average

2. Please check those adjectives which describe the child:

a. sad
b. moody
c. friendly
d. hard to discipline
e. leader
f. quiet
g. independent
h. affectionate
i. happy
J. loner
k. fearful
l. follower
m. very active
n. dependent

3. How well does child relate to peers?

(a) rejects advances of other children and plays more alone than with others.

(b) fights, is selfish. Wants things own way.

(c) accepts advances of other children, wants to be invited to play.

(d) initiates play with other children - shares well.

4. Does child relate well to adults?

(a) does not relate (b) relates on occasion (c) relates well

5. How does child react to frustration?

(a) cries easily (b) impatient (c) tolerant

6. Rate level of child's self-help skills

(a) below average (b) average (c) above average

LEARNING THROUGH COPING

at PIE (Preschool Instruction for the Exceptional)

GOALS OF PIE

Primary Goal: To have each child enter the mainstream (the least restrictive environment) of education with increased competency in educational skills and coping behavior.

Goals for the child:

1. From the point of entry competency to increase child's ability to cope with self.
2. To increase child's ability to cope with the environment.
3. To increase child's educational skills in language, perceptual and motor skills, socialization, self help and school readiness.

Goals for the parents:

4. To increase parent's ability to cope with child
   a. by increasing understanding of child's special needs.
   b. by increasing parent's ability to cope with own and family needs as a result of impact of having a special child.
   c. by acquiring skills to help increase child's competence.

Goals for the school:

5. Through involvement with PIE
   a. Child Study Teams will place child in least restrictive environment.
   b. School personnel will acquire additional knowledge and skills to plan most effectively for child entering school from PIE Program.

Northern Valley Regional High School District
Mr. John Howarth, Superintendent

Dr. Edward Ciccoricco - Mr. Leonard Margolis
Project Directors

Validation Project

Shirley Zeitlin-Coordinator
Jean Alliman-Asst. to Coordinator

PIE Project

Diane Rossouw-Head Teacher
Barbara Mazie-Psychologist Consultant
Sharon Hollon-Speech & Language Consultant
Carmel Alia-Assistant Teacher
June Kirby-Assistant Teacher

Shirley Zeitlin Ed.D
PIE Validation Project
191 Walnut Street
Northvale, N.J. 07647

The Coping Inventory

The Coping Inventory is an observation instrument used to assess the behaviors and skills a child uses to meet his own needs and to adapt to the demands of his environment. Analysis of a child's coping competence provides information about his resources, vulnerabilities, and general coping style. The results are an index of the child's adaptive behavior.

The inventory is used for educational and therapeutic planning and to help determine appropriate placement of children. It also generates goals and objectives for developing effective coping strategies in the Individual Educational Programs (IEP) required by PL94-142 for handicapped children.

Coping is an active, adaptive process of using strategies to manage one's world. It is behavior learned from the interactions of the child's development, temperament, prior experience, general level of competence, areas of vulnerability and the demands of the environment. How a child copes influences how effectively he learns.

The behaviors observed in the Inventory were primarily derived from an eighteen year longitudinal study of children's coping behavior conducted by Lois Murphy and her colleagues at Menninger Clinic.

(1) Murphy, Lois B. and Moriarty, Alice, 1976, Vulnerability, Coping and Growth Yale University Press, New Haven, Ct.

COPING INVENTORY

CHILD'S NAME Bernard C.A. 5 years, 5 months

Coping With Self

	Raw Score	No. Scoreable Items	Converted Score
PRODUCTIVE	38	12	3.17
ACTIVE	17	6	2.83
FLEXIBLE	14	6	2.33
		TOTAL	8.33

SELF SCORE 2.78

Coping With Environment

	Raw Score	No. Scoreable Items	Converted Score
PRODUCTIVE	30	12	2.5
ACTIVE	15	6	2.5
FLEXIBLE	18	6	3.0
		TOTAL	8.0

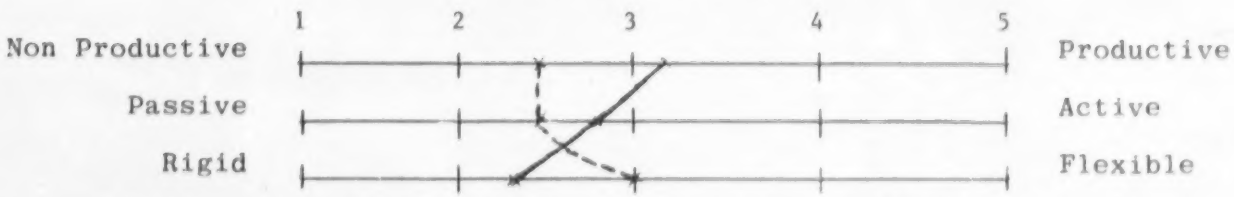
ENVIRONMENT SCORE 2.67

nv.- - - -
elf

Sum of SELF SCORE and ENVIRONMENT SCORE 5.45

ADAPTIVE BEHAVIOR INDEX 2.73

COPING PROFILE



Most Adaptive Behaviors

t	Dim	Rat	
	P	4	Generally has a happy feeling.
	P	4	Able to handle anxiety.
	A	4	Asks for help when needed.

Least Adaptive Behaviors

Cat	Dim	Rat	
S	A	1	Stay with task until completed.
S	F	2	See relationships in new ways.
S	F	2	Can shift plans or change behavior.
S	F	2	Accept substitutes when necessary.
S	F	2	Demonstrates independence & self reliance.
E	P	2	Plays with other children.
E	P	2	Understands directions.
E	P	2	Resists discouragement.
E	P	2	Aware of feelings of others.
E	P	2	Functions with minimal amount of external structure.
E	P	2	Aware of and reacts to cues and moods of other people.
E	A	2	Uses gross & fine motor skills competently.
E	A	2	Stimulating to others.
E	A	2	Activity level appropriate to situation.
E	F	2	Uses range of strategies.

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Description of Problem

Lack of consistent adaptive coping behavior. Rigid coping with own needs. Passive non productive adaptation to the environment.

Goals

1. to increase consistency of adaptive coping behavior
2. to increase flexibility in coping with own needs
3. to increase active involvement with the environment
4. to increase productive coping behavior for adapting to environment.

Examples of Objectives

Goal (2) To increase flexibility in coping with own needs.
Obj. As Bernard has no (1) score in this category, behaviors are (2).
1. Increase ability to see relationships in new ways.
2. Increase ability to shift plans or change behavior to achieve a goal.
3. Increase ability to accept substitutes when necessary.
4. Increase independence and self reliance.

Bernard - Activity - sitting in a circle to listen to a story.

Strategy possibilities

Involve him by asking simple questions.
Use attention getting words such as "Bernard, let's listen." Stop every so often and have him repeat what you've said.
Exposure to as many senses as possible.

Teaching shapes

Have him manipulate materials rather than just hold them.
Use visual representations of new experiences for him to refer back to.
Use task analysis models as often as possible.
Use short but complete learning episodes so that the purpose of what you are trying to teach or explain to him is clearly stated.
Stop perseverative behavior whether verbal or non-verbal. Give him an alternative mode of behavior and despite his insistance, help him to follow through with this new solution.
Repeat key concept words over again as many times as necessary until you feel that some form of comprehension has taken place.

Free Play

When he appears to be wandering around aimlessly, give him a choice of two specific activities.
Use commercial games such as Silly Sandwich, played with one other child to gradually increase ability to attend. Involve him in other games that require attention to auditory commands such as "Simon Says."
Positively reinforce and reward attempts at exploration of the environment and trying out of new experiences.

A P P E N D I X G

P. I. E.

YEAR-END EVALUATION

Name:
Birthdate:
Date:
Head Teacher:
Sp. & Lang. Cons.

SENSORY-MOTOR-PERCEPTUAL DEVELOPMENT

1. Integrates body movements
   (a) Balances on one foot 3 seconds
   (b) Somersaults with minimal assistance
   (c) Imitates motor movements of jumping, tip-toeing, running
   (d) Catches large bounced ball using body

2. Moves from large to small muscle usage
   (a) Puts discs on roller stack
   (b) Puts in knobbed cylinders
   (c) Slashes with training scissor
   (d) Fingerpaints
   (e) Traces circle, square, triangle

LANGUAGE, COMMUNICATION, COGNITION

1. Uses appropriate verbalization
   (a) Can repeat three digits
   (b) Uses plurals
   (c) Uses six word sentences

Key:
+ Objective met
± Objective partially met
- Objective not met

Appendix G

(d) Responds "Here I am, I am _____" during class meeting

(e) Appropriate verbalization during the viewing of pictures, slides and filmstrips.

(f) Responds "I am _____" with adult support outside of class meeting

(g) Tells sex "Are you a girl or a boy?"

(h) Expresses body needs (ex. bathroom)

(i) Improved articulation

2. Listens with understanding and takes appropriate action

(a) Performs action to familiar fingerplays and songs at class meeting

(b) Follows one step directions

(c) Performs appropriate motor movements when instructed to do so

(d) Comprehends physical needs (ex. What do you do when you are sleepy? - ans. "Go to bed".)

(e) Upon hearing piano signals for class meeting performs appropriate action.

3. Makes relationships and classifies objects.

(a) Names primary and secondary colors

(b) Rote counts 1, 2, 3.

(c) Matches colored objects

(d) Counts five meaningfully

(e) Sorts according to color

4. Uses words as labels to express ideas

(a) Names body parts

(b) Names and recognizes pictures of common objects

Appendix . G

SOCIAL-EMOTIONAL DEVELOPMENT

1. Attends to an activity for a longer period of time
   (a) Looks at task while he is performing same
   (b) With assistance completes task once started.

2. Views self positively
   (a) Takes pride in his accomplishments
   (b) Responds "Here I am, I am ____" at class meeting
   (c) Initiates new activities
   (d) Performs classroom tasks as "Helper of the Day".

3. Moves from self-centered to group awareness
   (a) Has begun participating in group activities
   (b) Initiates communication with peers
   (c) With assistance returns materials to their place upon termination of tasks
   (d) Takes turns with peers
   (e) Shares materials with peers
   (f) Chooses own friends
   (g) Joins peers in play

APPENDIX H

April 27, 1978

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL

PRESENTS

DR. HARRY WACHS, DIRECTOR OF CLINICS, COGNITIVE DEVELOPMENT, CATHOLIC UNIVERSITY OF AMERICA

WORKSHOP FORMAT

9:00-10:15	Piaget's Theory
	A.M. Break
10:35-12:30	Wachs - General Movement/Discriminative Movement
	Lunch
1:15-2:30	A School for Thinking Language/Logic
3:45-4:00	Visual Thinking/Auditory Thinking Summation

APPENDIX I

Note to Parents

Since we are a federally funded program, we are required to supply information to the government about the PIE Project. We need to know your positive and negative feelings about the program. The information you provide will be used to insure that your child's needs are best served by the program.

Directions

Please reply to the following by filling in the blanks or circling appropriate responses. Thank you.

My child has been enrolled in the PIE Project since_____.

CHILD DEVELOPMENT

1. My child benefited from the total program:

none	little	2 much	16 very much

2. My child's overall speech and language has improved:

none	1 little	6 much	8 very much	3 language was satisfactory before

3. a. My child better understands language, able to follow directions, identify objects:

none	little	4 much	11 very much	3 previously not a problem

b. My child uses more words:

none	little	10 much	6 very much	2 not applicable

c. My child uses more sentences:

none	1 little	8 much	7 very much	2 not applicable

d. My child speaks more clearly:

no	2 somewhat	6 much	7 very much	3 not applicable

3. My child's overall general coordination has improved:

none	1 little	10 much	6 very much	1 not applicable

APPENDIX I

a. My child can better coordinate the use of eyes and hands for such activities as doing puzzles, drawing, pouring liquids, zipping, unbuttoning, etc.

none	little	much	very much	not previously a problem
	1	6	7	3

4. My child is better able to follow directions:

none	little	much	very much	not previously a problem
	2	6	8	2

5. My child is better able to be involved with other children:

none	little	much	very much	not previously a problem
	3	4	9	2

6. My child continues with an activity over a longer period of time:

none	little	much	very much	not previously a problem
	2	6	9	1

7. My child can handle his/her feelings better (Less crying, fewer tantrums):

no response	none	little	much	very much	not previously a problem
1		3	5	8	1

8. My child feels more positive about himself/herself (takes pride in his/her accomplishments; has shown growth in self-confidence):

no response	none	little	much	very much	not previously a problem
1			4	10	3

9. My child is able to cope better with himself/herself:

none	little	much	very much
		10	8

10. My child is able to cope better with the environment:

none	little	much	very much
		10	8

PARENT INVOLVEMENT

1. Parent meetings:

too few	enough	too many
2	16	

Suggestion: More fathers' meetings - 1

APPENDIX I

2. I benefited from the following school/home forms of communication:

	not at all	moderately	very much	no response
a. Telephone calls		2	6	1
b. Individual conferences with staff		1	7	5
c. Classroom observations		4		
d. Observation of Speech and Language Lessons		1		
e. Morning meetings (Coffee, tea and talk)		1	3	
f. Evening meetings	2	1	8	7

3. Next year I would like to see:

more meetings	less meetings	same amount	no response
4	1	9	4

4. In relation to project activities (newsletter, snacks, phone speaking with parents of prospective children) parents ought to be:

less involved	same involvement	more involved	no response
6	8	4	

5. Suggestions for future meetings and other forms of parent involvement:

More discussion involving specific incidents on videotapes.
More phone conversations regarding child's progress.
Keep psychologist for evening meetings.
More outside speakers.
More structured mothers' meetings, with more control over people who tend to monopolize sessions. (2)

APPENDIX I

6. I can cope with my child better:

1			6	10	1
no response	none	little	much	very much	previously no problem

7. I can understand my child's special needs:

1	1	9	6	1
no response	none	little	much	very much	not a problem

8. I can cope with my own needs better:

1	1	10	4	1
no response	none	little	much	very much	not a problem

9. I have acquired skills to help my child be more competent:

1	2	7	8
no response	none	little	much	very much

COMMENTS

I know my son has had a very positive experience. He has improved in every area mentioned above. The program is excellent and the people involved have really put themselves out for him.

Thank you, PIE. PIE is wonderful.

Very happy with the program.

I am grateful for the opportunity to be associated with the PIE Program. The dedication of the staff is outstanding. All the people involved are completely dedicated to the children and very helpful to the parents.

I feel the hints and suggestions for modifying his behavior have saved the relationship between myself and my child.

I have seen a tremendous improvement in my child's behavior due to the efforts of the PIE staff and technique used. Hurrah for all of you.